



APPLICATION FOR BULK MILK HAULER / SAMPLER PERMIT

State Form 1242 (R2 / 9-08)

INDIANA STATE BOARD OF ANIMAL HEALTH

DAIRY DIVISION

805 Beachway Drive, Suite 50

Indianapolis, IN 46224

Telephone: (317) 227-0350

Fax number: (317) 227-0330

Pursuant to the provisions of IC 15-18-1-3, the following is an application form for a bulk milk hauler / sampler permit.

INSTRUCTIONS: 1. Please print clearly.

2. Before the application can be considered, it must be filled out completely.

3. If you do not make yourself available for inspection every two (2) years, the renewal permit will not be issued.

4. Please complete this form and return it via fax or mail to the address above.

Permit issued		Bulk hauler permit number BH -	
Please check one: <input type="checkbox"/> New <input type="checkbox"/> Renewal		Please check if applicable: <input type="checkbox"/> Field representative <input type="checkbox"/> In-line sampler approval requested	
Name of applicant			
Address of applicant (number and street, city, state and ZIP code)			
Telephone number ()		Cell phone number ()	Fax number ()
Grade of milk hauled <input type="checkbox"/> Grade A <input type="checkbox"/> Manufacturing grade <input type="checkbox"/> Both			
Name of milk route owner			
Address of milk route owner (number and street, city, state and ZIP code)			
Bulk Tank Unit (BTU) number(s)		Route number(s)	
Name of plant regularly haul to			
Location of plant		County in which you pickup the majority of your stops	
I hereby apply for a Bulk Milk Hauler / Sampler Permit. I agree to comply with Indiana Rules and Regulations concerning Bulk Milk Collection and Sampling Operations in performing as a bulk milk hauler in the State of Indiana. This is to affirm under penalty of perjury that the above facts are true.			
Signature of applicant		Date of signature (month, day, year)	

This is to certify that the applicant has been thoroughly inspected and follows proper methods when collecting, sampling and grading bulk milk. I hereby approve this application and recommend that a permit be issued. Authorized signature required for new permits only.

Signature of authorized representative of the Board of Animal Health	Date of signature (month, day, year)
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